

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814
(916) 322-5330



March 22, 1985

ALL-COUNTY LETTER NO. 85-33

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: ALIEN SPONSOR REQUIREMENTS IN THE FOOD STAMP AND THE AFDC
PROGRAMS

REFERENCE: ALL-COUNTY LETTER NO. 84-19, FEBRUARY 3, 1984

This letter provides information, instructions and forms relating to the alien sponsor requirements in the Food Stamp and AFDC Programs. In addition, this letter rescinds the interim instructions for revising the CA 72 (4/82) outlined in All-County Letter No. 84-19, February 3, 1984, Section IV and Attachment 5, Monthly Reporting for Sponsored Aliens, when MR/RB was implemented in the Food Stamp Program.

Forms

This letter transmits a revised CA 22 (10/84) Alien Sponsor's Statement of Facts Regarding Income and Resources (Supplemental Application for Food Stamps and AFDC) and the CA 72 (10/84) Alien Sponsor's Monthly Income and Resources Report (For AFDC and Food Stamps). Also included are instructions for their implementation. The forms and instructions were developed as a joint effort by the Food Stamp Policy Implementation Bureau, the AFDC Policy Implementation Bureau, and the CWDA Forms Subcommittee.

Printing County Forms

For those counties printing their own forms, the attached masters in English for the (6/84) CA 22 and CA 72 and in Spanish for the (6/84) CA 72(SP) may be used immediately to print supplies. The Spanish master for the CA 22 (6/84)(SP) will be forwarded when available. Those counties requiring translations in languages other than Spanish should contact Jeanne Rodriguez, Manager, Language Services Unit, at (916) 323-9562.

Form Changes

Attachment A provides copies of the CA 22 (10/84) and CA 72 (10/84), a brief description of the purpose of each form and form instructions for the eligibility worker. Attachment B provides forms modification criteria. These instructions were developed primarily as training tools which address key areas and are meant to supplement the Manual of Policies and Procedures and individual county handbooks. The forms, their instructions and modification criteria will be incorporated into the Food Stamp Program Forms Handbook, Chapter 63-1200, within the next few months.

Instructions to modify existing CA 72 (4/82) stock per Section IV and Attachment 5 of ACL 84-19 are hereby rescinded.

Implementation

The implementation date for these forms is June 1, 1985. However, any county printing its own supply of the form may begin using the (10/84) revisions earlier if stock of the current versions are depleted prior to the June 1 implementation date.

Ordering

Supplies of the revised English and Spanish state printed CA 22 and CA 72 forms may be ordered in April 1985. Orders should be submitted on the GEN 727B, County Forms Order, according to normal procedures. To ensure that orders for the revised forms are not filled with existing forms, please specify the (10/84) revision date on the order form.

Should you have any questions, please contact your Food Stamp Program Corrective Action Consultant at (916) 322-5475 or the AFDC Policy Implementation Bureau at (916) 322-5330.



ROBERT A. HOREL
Deputy Director

Attachment

cc: CWDA

CA 22 (10/84)

FORM INSTRUCTIONS
(FOR THE ELIGIBILITY WORKER)

ALIEN SPONSOR'S STATEMENT OF FACTS REGARDING INCOME AND RESOURCES
(Supplemental Application for Food Stamps and AFDC)

Purpose:

The CA 22 is used to collect information necessary to determine the amount of income and resources of an alien's sponsor and the sponsor's spouse (if living together) when an alien is subject to the sponsored alien provisions. This information is used in determining the eligibility and benefit level of a sponsored alien. The sponsored alien and his/her spouse are responsible for providing the CWD with the necessary information and documentation for three years from the alien's date of entry or date of admission as a lawful permanent resident.

PREPARATION:

Question	Information Requested	FS Manual Section	EAS Manual Section	Food Stamp Action	AFDC Action
County Use Only		63-300.518 63-403.33	43-119.1, .2,.3,.4, .5,.6 42-205.5 44-133.10	Complete requested information. Document required verification.	
1.	Sponsor's name and address	63-403.337	43-119.3	Use Item 1 to identify and locate the alien's sponsor.	
2.	Sponsor's spouse	63-403.331	43-119.3	Identification and income and resource information for the sponsor's spouse is required if living together.	
3.	Sponsor receives PA	N/A	43-119.3	N/A	Verify and document that sponsor and/or sponsor's spouse currently receives public assistance.
4A.	Other aliens sponsored	63-403.33 63-403.332 63-503.492(c)	44-133.10	Identify other aliens sponsored. Verification of support must be documented.	

PREPARATION:

Question	Information Requested	FS Manual Section	EAS Manual Section	Food Stamp Action	AFDC Action
4B.	Aliens receiving PA	63-5-3.492(c)	43-119.3 42-205.53 44-133.10(f)	The amount of income and resources deemed is divided by the number of aliens sponsored who are applying for or participating in the Food Stamp Program.	Verify number of sponsored aliens who are applying for or receiving AFDC.
5.	Tax dependents	63-403.336 63-503.492 (a)(2)(A)(ii)	44-133.10 (e)(1)	Identify number of federal income tax dependents for use in computing the amount of income to be deemed to the alien.	
6.	Wages Self-Employment	63-403.33 63-502.1 63-502.2 63-503.49 63-503.492(a)	44-133.10(b)	For each source of earned income, check if exempt in the box provided. Also for each source note the date and amount of pay stubs or other documentation viewed. Document in the county - use section whether or not income is considered anticipated or from a terminated source, or for Cash Aid only income of a noncontinuous nature for purposes of the budget calculation.	
<p>NOTE: The unearned income amount identified for AFDC deeming purposes may be used in Step A of the computation for food stamp deeming purposes.</p> <p>Use the AFDC computation provided to calculate deemed income.</p>					
7.	Other Income	63-403.33 63-403.331 63-501	44-133.10	For all Yes answers, check that all other information is provided. In the space provided, check any income amount which is exempt. Document verification of gross nonexempt income. Document whether or not income is considered anticipated or from a terminated source, or for Cash Aid only income of a noncontinuous nature for purposes of the budget calculation.	

NOTE: The unearned income amount identified for AFDC deeming purposes may be used in Step C of the computation for food stamp deeming purposes.

PREPARATION:

Question	Information Requested	FS Manual Section	EAS Manual Section	Food Stamp Action	AFDC Action
8.	Liquid resources	63-503.492(b)	42-205.5 42-211.21	Document resources making appropriate exclusions. Check if exempt in the box provided. Document type of verification and date viewed.*	
9.	Real Property	63-403.33 63-403.331 63-501.1 63-503.492(b)	42-205.5 42-211.1	Document resources making appropriate exclusions. Check if exempt in the box provided.*	
NOTE: Document type of verification date viewed.					
10.	Motor Vehicles	63-403.33 63-403.331 63-501.51 63-503.492(b)	42-205.5 42-215.4	Evaluate vehicles for resource exclusions. Document evaluation and compute any countable resource value on the budget worksheet. Enter in the space provided the source used for evaluation.*	
11.	Child/spousal support	N/A	44-133.10 (e)(3)	N/A	Verify amounts of child/spousal support payments. Identify person who is paying.
12.	Other support	N/A	44-133.10 (e)(2)	N/A	Same as for 11 above.
13.	Personal property	N/A	42-211.2	N/A	Verify and summarize net market values.

CERTIFICATION

County use section	Computations for deeming income and resources	63-503.492(a) 63-503.492(b) 63-503.492(c)	42-205.5 44-133.10	Use the appropriate verified information from the CA 22 to compute in this section the amount of income and resources to be deemed to the alien. Use the reported information to compute in this section the amount of income and resources to be deemed to the alien. Count the income amount deemed to the alien as the unearned income in the alien's eligibility and benefit computations.
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*The resource amount identified for AFDC deeming purposes may also be used for food stamp deeming purposes.

SPONSORED ALIENS APPLYING FOR OR RECEIVING AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) AND/OR FOOD STAMPS

Important Information For Sponsored Aliens

As an alien you must meet special conditions to receive AFDC and/or Food Stamps if:

- You were admitted to the U.S. for permanent residence less than three years ago,
- You first applied after September 30, 1981, or
- You are sponsored, and
- You are applying for AFDC,
- And if you are applying for Food Stamps and your sponsor completed an affidavit of support on or after February 1, 1983.

The Special Conditions Are:

- Your sponsor's income and resources will have to be reviewed for you to receive benefits. Your sponsor must provide information on the attached form. Both you and your sponsor must sign this form.
- Once your application is approved, you and your sponsor will have to complete monthly income and resources reports. If your sponsor does not provide the information requested, you will not be eligible. However, other family members who are not sponsored aliens and are otherwise eligible can receive benefits.
- You are the person responsible for getting all the information requested to the county welfare department for both you and your sponsor.

Important Information For Sponsors

The alien you sponsor has applied for AFDC and/or Food Stamps. If you completed an affidavit of support or similar agreement, State Regulations require the county welfare department to evaluate your income, resources, and property in deciding whether or not the alien applicant can receive benefits. This form must be fully completed and signed by you under penalty of perjury. If you are living with your spouse, your spouse's income, resources, and property are also counted.

If the alien's application is approved **each month**, you will have to report your income, resources, and property on the Sponsor's Monthly Income and Resources Report (CA 72). The alien will provide you with the report form. Your report must be completed and returned to the alien immediately to ensure the alien's continued eligibility. Each month your resources, property and a portion of your income will be used to determine the alien's continued eligibility and benefits.

If the alien receives benefits to which he or she is not entitled because you failed to accurately report information, you or the alien may have to repay these benefits.

These requirements remain in effect for three years from the date the alien was admitted to the United States for permanent residence.

ALIEN SPONSOR'S STATEMENT OF FACTS REGARDING INCOME AND RESOURCES

(Supplemental Application For Food Stamps And AFDC)

INSTRUCTIONS: PLEASE COMPLETE THE FOLLOWING QUESTIONS FOR YOURSELF AND YOUR SPOUSE (IF LIVING TOGETHER) AND RETURN IT TO THE ALIEN IMMEDIATELY.

IF THE ALIEN IS APPLYING FOR AFDC AND FOOD STAMPS OR ONLY AFDC, ANSWER ALL THE QUESTIONS.
IF THE ALIEN IS APPLYING FOR ONLY FOOD STAMPS ANSWER QUESTIONS (1) THROUGH (10).
ATTACH A SEPARATE SHEET OF PAPER IF NEEDED.

Alien's Name and Address

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Documentation may be required to verify answers to the following questions.

(1) YOUR NAME (FIRST, MIDDLE, LAST)	TELEPHONE NUMBER
HOME ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)	()
MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS)	

(2) YOUR SPOUSE'S NAME (IF LIVING TOGETHER) (FIRST, MIDDLE, LAST)				
(3) Do you or your spouse receive Public Assistance such as: Aid to Families With Dependent Children (AFDC) or Supplemental Security Income (SSI)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete below:				
Case Name	Date of Birth	Type of Assistance	County	State

If **both** you and your spouse receive Public Assistance and the alien is not applying for Food Stamps, complete only the Certification section on Page 3 and return the form. For all others, go to Question (4).

(4) A. Have you or your spouse sponsored any other alien's entry into the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete below:		
Alien's Name	Alien's Address	Date of Admission to U.S.
B. Are any of the aliens listed in (4) A receiving any type of Public Assistance such as: AFDC or Food Stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete below:		
Type of Assistance	Date First Applied	County

(5) Do you or your spouse have other persons who are claimed or could be claimed as dependents for federal income tax purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete below:	
Name of Person(s)	Does Person Live With Sponsor
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

COUNTY USE ONLY

Case Name: _____
Case No.: _____
Worker No.: _____

VERIFIED:
☐ Letter on File
☐ Verbal Communication
☐ Other: _____

VERIFIED:
☐ Affidavit of Support on File
☐ Other: _____

☐ Verified
☐ Verified
☐ IRS Form 1040 Viewed
☐ Other: _____

Claimed ☐ Yes ☐ No
Claimed ☐ Yes ☐ No
Claimed ☐ Yes ☐ No
Claimed ☐ Yes ☐ No
Claimed ☐ Yes ☐ No

- ⑥ Are you or your spouse currently employed? ☐ Yes ☐ No
If Yes, complete section below. Attach paystubs or other proof of earnings. If you or your spouse are self-employed list business expenses on a separate sheet of paper and attach proof of income and expenses.

Name	Name of Employer	Gross Pay (Before Deductions)	How Often Paid (Weekly, Monthly, etc.)	Commissions or Tips	Number of Tax Dependents Claimed	Check if Exempt	Enter Date Viewed
		\$		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	Pay Stubs Other
		\$		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	

- ⑦ Do you or your spouse receive or expect to receive any other income such as:
Social Security, Unemployment/Disability Insurance, Child/Spousal Support,
Veterans Benefits, Free Housing, Free Utilities, etc.? ☐ Yes ☐ No
If Yes, complete section below and attach proof of the income.

Name	Type of Income	Amount	How Often Received (Weekly, Monthly, etc.)	Check if Exempt	Specify Verification and Date Reviewed:
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	

- ⑧ Do you or your spouse have any of the following resources? Check each item. If Yes, explain below.

Resource	Sponsor	Spouse	Resource	Sponsor	Spouse
Checks or Money (At Home or Elsewhere)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Checking, Savings, Credit Union Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks, Bonds, Certificates	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes, Mortgages, Trust Deeds, Sales Contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (Specify below)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Resource	Owner	Current Value	Location (Home, Bank Address, etc.)	Account Number	Check if Exempt
		\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$			<input type="checkbox"/> Yes <input type="checkbox"/> No

- ⑨ Do you or your spouse own or are you buying any real property, such as:
A house, land, building, etc. If Yes, complete section below: ☐ Yes ☐ No

Name	Type of Property	Address/Location	How Used? (Home, Rent, etc.)	Balance Owed	Value	Name of Mortgage Co.	Check if Exempt
				\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No

Date Registration
and
Records Viewed

1. _____
2. _____

- ⑩ Do you or your spouse own or use or are you buying any motor vehicles, such as:
A car, truck, boat, trailer, van, camper, motorcycle, etc. If Yes, complete, section below: ☐ Yes ☐ No

Name	Year, Make, Model	License Number and State of Registration	Amount of Current License Fee	Balance Owed	Check if Exempt
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Vehicle Valuation

1. \$ _____
2. \$ _____

If the alien is applying for food stamps only, skip questions ⑪ - ⑬. Complete the Certification section.

- ⑪ Do you or your spouse who receive income pay any court ordered support?
If Yes, enter the monthly amount \$ _____ Who pays? ☐ Yes ☐ No

- ⑫ Do you or your spouse make support payments to other persons not living in your home?
If Yes, complete section below: ☐ Yes ☐ No

Who Pays?	To Whom Paid (Name)	Amount Paid
		\$
		\$
		\$
		\$

- ⑬ Do you or your spouse own or use personal property such as: Jewelry, equipment,
instruments, livestock, etc.? Do not list clothing, wedding rings, rugs, furniture,
appliances, other household furnishings. If Yes, complete section below: ☐ Yes ☐ No

Name	Name of Item	Date of Purchase	Purchase Price	Gift?	Amount Owed	Net Market Value
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		1. _____
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		2. _____
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		3. _____
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		4. _____

CERTIFICATION

- CERTIFICATION**
- *I understand that failing to report information or misrepresentation of facts for AFDC, Food Stamps or Cash-based Medi-Cal can result in legal prosecution with penalties of a fine, imprisonment or both. In addition, in the Food Stamp Program the penalties for Intentional Program Violation(s) can result in disqualification from the program; fines up to \$10,000 or imprisonment for up to 5 years. The disqualification penalties are 6 months for the first violation, 12 months for the second violation, and permanent disqualification for the third violation.*
 - *I understand that the information provided on this form may be verified by local, state and federal personnel.*
 - *I understand that the alien's case, including my statements may be selected for an additional review to ensure that the alien's eligibility was determined correctly.*
 - *I understand that I may be required to repay any benefits which are overpaid because of incorrectly or incompletely reported information.*
-
- *If the alien is applying for AFDC, both you and your spouse must sign the form. If the alien is applying for Food Stamps only, either you or your spouse must sign the form.*

SPONSOR'S CERTIFICATION:

- I declare under penalty of perjury that the above statements are true and correct.

SPONSOR'S SIGNATURE OR MARK	COUNTY WHERE SIGNED	DATE
SPONSOR'S SPOUSE'S SIGNATURE OR MARK (IF LIVING WITH SPOUSE)	COUNTY WHERE SIGNED	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM		DATE

- If the alien is applying for AFDC, the alien must sign this form. If the alien is applying for Food Stamps only, the form must be signed by the alien, the head of household, a household member, or an authorized representative.

ALIEN'S CERTIFICATION:

- *I have reviewed this signed and completed form from my sponsor(s). I declare under penalty of perjury that it is true and correct to the best of my knowledge.*

ALIEN'S OR DECLARANT'S SIGNATURE OR MARK	COUNTY WHERE SIGNED	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM		DATE

COUNTY USE ONLY

AFDC/Food Stamps-Evaluation of Sponsor/Sponsor's Spouse Real/Personal Property Resources		AFDC Sponsor/Sponsor's Spouse - Income Computation		Food Stamp Computation - Deemed Income	
VALUE					
A. Items:		A. Earned Income	\$	A. Total earned income	\$
		B. Less 20% of A (Not to exceed \$175)	-	B. Adjusted earned income (82% of A)	+
		C. Equals Total	=	C. Unearned income	=
		D. Plus Unearned Income	+	D. Total gross income (B + C)	+
		E. Equals Subtotal	=	E. Gross income eligibility limit	-
		F. Less MBSAC for sponsor and dependents (not including aliens)	-	F. Deemed income (unless prorated) (D - E)	=
		G. Equals Subtotal	=	G. Deemed income (when prorated) (F \div number of Food Stamp aliens sponsored)	=
B. Total	\$	H. Less amounts paid by the sponsor for tax dependents living outside the household	-		
C. Less	- 1500.00	I. Less child/spousal support paid	-		
D. Equals Subtotal	=	J. Equals Subtotal	=		
E. Divide D by the number of sponsored aliens on AFDC	=	K. Number of sponsored aliens in AU	=		
F. Divide D by the number of sponsored aliens on Food Stamps	=	L. Divide J by K	=		
The amount arrived by in E or F is to be included in the alien's property limits for Food Stamps also.		Amount arrived at in L shall be deemed the unearned income of each of the sponsored aliens.			

I W SIGNATURE	I W SUPERVISOR	DATE
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FORM INSTRUCTIONS
(FOR THE ELIGIBILITY WORKER)

ALIEN SPONSOR'S MONTHLY INCOME AND RESOURCES REPORT
(For AFDC and Food Stamps)

Purpose:

The CA 72 is the monthly report form used to collect income and resources information needed to determine a sponsored alien's continued eligibility for AFDC and/or Food Stamp benefits when the alien is subject to the sponsored alien provisions.

The sponsored alien is responsible for providing the CWD with the necessary information and documentation to determine the income and resources of the alien's sponsor and the sponsor's spouse (if living together) each month. It is the responsibility of the sponsored alien to return the completed report by the 5th of each month to be received by the CWD no later than the 11th. The reported and verified income will be used to compute the alien's monthly eligibility and benefit level.

Preparation:

Enter the following information on the top of the front page of the report before providing it to the sponsored alien:

- Report Month
- Case Name
- Case Number
- Alien's name and mailing address
- Worker
- Phone number

Question	Information Requested	FS Manual Section	EAS Manual Section	Food Stamp Action	AFDC Action
1.	Sponsor's Name	63-403.337	43-119	Use these items to identify a new sponsor or a new sponsor's spouse in the home	Same as FS action
2.	Sponsor's Spouse's Name	63-503.49 63-503.492 63-503.492(d)	43-119	Use these items to identify a new sponsor or a new sponsor's spouse in the home	Same as FS action
3.	Sponsor/ Sponsor's Spouse Receives PA	N/A	43-119.3	N/A	Verify and document that sponsor and/or sponsor's spouse currently receives public assistance.

Question	Information Requested	FS Manual Section	EAS Manual Section	Food Stamp Action	AFDC Action
4.	Income	63-403.33 63-503.492(a) 63-503.3 63-505.31 63-505.32 63-505.4(a)	40-181.252 44-133.10	Appropriate income and verification is required for a complete monthly report. Use the reported and verified income to compute the amount of income to be deemed to the alien.	Same as FS action
5.	Resources	63-403.33 63-503.492(b) 63-505.3 63-505.32	43-181.25 42-205.5 43-119	Use this information to determine the amount of resources to be deemed to the alien.	Same as FS action
6.	Checking/ Savings Accounts	63-500.11		Use this information to determine the amount of resources to be deemed to the alien.	Same as FS action
7.	Tax Dependents (Total Number Claimed)	63-403.33 63-403.336 63-503.492 (a)(2)(A) ii 63-505.3 63-505.31 63-505.32	40-181.25 44-133.10	Use this information to compute the amount of income to be deemed to the alien.	Same as FS action
	Tax dependents living with the sponsor and sponsor's spouse	N/A	44-133.10 (e)(i)	N/A	To determine MBSAC amount for the sponsor and persons living in the sponsor's home.
8.	Payments to tax dependents outside the home	N/A	44-133.10 (e)(2)	N/A	To determine amounts paid by the sponsor his/her spouse to persons not living in the sponsor's home.

Question	Information Requested	FS Manual Section	EAS Manual Section	Food Stamp Action	AFDC Action
9.	Child/ Spousal Support	N/A	44-133.10 (e)(3)	N/A	To determine the amounts paid to persons not living in the sponsor's home.
10.	Other Changes	63-403.33 63-403.332 63-403.337 63-503.49 63-503.492(c) 63-505.3 63-505.31 63-505.32	40-131	Use this information to determine if any other reported information affects the amount of income or resources deemed to the alien or otherwise.	Same as FS action
Signature and Date.		63-403.33 63-504.321 63-504.323 63-801.1	40-181.252	Check that the form contains all required signatures and dates.	Same as FS action
County Use Section	Computations for deeming income and resources	63-503.492(a) 63-503.492(b) 63-503.492(c)		Use the reported information to compute in this section the amount of income and resources to be deemed to the alien. Count the income amount deemed to the alien as unearned income in the alien's eligibility and benefit computations.	Same as FS action

ALIEN SPONSOR'S MONTHLY INCOME**AND RESOURCES REPORT** (For AFDC and Food Stamps)

COMPLETE, SIGN, DATE AND RETURN THIS FORM AFTER THE LAST DAY OF:

THIS REPORT IS FOR THE MONTH OF:

CASE NAME

CASE NUMBER

- You must report changes in your income and property each month. Complete this report and return it to the alien you sponsor immediately.
- The alien must return this form to the county by the 5th of the month. If it is not received by the 11th of the month, or is incomplete, or the requested proof is not attached, the alien's eligibility may be affected.
- Call the number below if you need help completing this form.

- Alien's Name and Address

WORKER:

PHONE:

If either you or your spouse receive(s) public assistance or if the alien receives both assistance and food stamps, you must complete the entire form.

If **BOTH** you and your spouse receive public assistance **AND**

- If the alien receives public assistance **ONLY**, answer Questions ①, ②, ③, and ⑩ **OR**
- If the alien receives food stamps only, answer Questions ①, ②, ③, ④, ⑤, ⑥, ⑦, and ⑩.

THE CERTIFICATION SECTION MUST BE COMPLETED BY THE SPONSOR, THE SPONSOR'S SPOUSE AND THE ALIEN.

① SPONSOR'S NAME (FIRST, MIDDLE, LAST)

② SPONSOR'S SPOUSE'S NAME (IF LIVING TOGETHER) (FIRST, MIDDLE, LAST)

③ Do you or your spouse receive public assistance, such as Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI)? If Yes, complete below:

☐ Yes ☐ No

CASE NAME	DATE OF BIRTH	TYPE OF ASSISTANCE	COUNTY	STATE

④ Did you or your spouse receive income, money or benefits in the month, such as: Earnings, training payments, earned income tax credit, strike benefits, social security, railroad retirement, unemployment/disability insurance, interest, worker's compensation, SSI/SSP (gold checks), child/spousal support, loans, grants, tax refund, cash gifts, free housing/utilities, etc?

☐ Yes ☐ No

If Yes, complete section below. Attach pay stubs or other proof of earnings each month. Attach proof for any other income only when it starts and when it changes. If anyone is self-employed, list business expenses on a separate sheet of paper and attach proof of income and expenses each month.

Who Received Income, Money or Benefits?	Source (If Earnings, List Name of Employer)	Enter Below Dollar Amounts and Actual Dates Received. If Earnings, Enter Gross Amount Before Deductions.				
NAME		AMOUNT \$	AMOUNT \$	AMOUNT \$	AMOUNT \$	AMOUNT \$
		DATE	DATE	DATE	DATE	DATE
NAME		AMOUNT \$	AMOUNT \$	AMOUNT \$	AMOUNT \$	AMOUNT \$
		DATE	DATE	DATE	DATE	DATE

⑤ Did you or your spouse have any personal and/or real property changes in the month such as: Receive, buy, sell or give away a motor vehicle, camper, boat, land or house, etc.?

If Yes, explain the type of change, date of change and the amount if applicable:

☐ Yes ☐ No

⑥ Did you or your spouse have a checking, savings or credit union account open at the end of the month? If Yes, complete below:

☐ Yes ☐ No

<input type="checkbox"/> Credit Union	Balance On Last Day of Report Month	Whose Account?	<input type="checkbox"/> Credit Union	Balance On Last Day Of Report Month	Whose Account?
<input type="checkbox"/> Checking			<input type="checkbox"/> Checking		
<input type="checkbox"/> Savings	\$		<input type="checkbox"/> Savings	\$	

COUNTY USE ONLY

E.W. INITIALS

DATE:

7 Was there a change in the number of persons who are claimed as dependents for federal income tax purposes by you or your spouse? If Yes, complete below: ☐ Yes ☐ No

NAME OF PERSON(S)	DOES PERSON LIVE WITH SPONSOR?	DATE OF CHANGE	EXPLAIN WHAT CHANGED
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

8 Was there a change in payments made to persons who are claimed as federal income tax dependents who are not living with your or your spouse? ☐ Yes ☐ No
If Yes, explain what changed, list name of person(s), amount paid and who paid:

9 Did you or your spouse pay any court-ordered support in the month? ☐ Yes ☐ No
If Yes, enter the amount paid and attach receipts: \$

10 Do you or your spouse have any other information to report such as: A new address, a change in the number of aliens that you sponsor and who will receive Cash Aid or Food Stamps; recent or expected changes in income, etc.? ☐ Yes ☐ No
If Yes, explain the change and if it is expected to be temporary or permanent, and give the date of change.

CERTIFICATION

I understand that failing to report information or misrepresentation of facts for AFDC, Food Stamps or Cash-based Medi-Cal can result in legal prosecution with penalties of a fine, imprisonment or both. In addition, in the Food Stamp Program the penalties for Intentional Program Violation(s) can result in disqualification from the Program; fines up to \$10,000 or imprisonment for up to 5 years. The disqualification penalties are 6 months for the first violation, 12 months for the second violation, and permanent disqualification for the third violation.

I understand that I may be required to repay any benefits which are overpaid because of incorrectly or incompletely reported information.

- This report must be signed and dated after the last day of the report month or it will be considered incomplete.
- If the alien receives AFDC you and your spouse must sign the report. If the alien receives Food Stamps only either the sponsor or the sponsor's spouse must sign the report.

SPONSOR'S CERTIFICATION

I declare under penalty of perjury that the information contained in this report is true and correct and is complete for the entire report month.

SIGNATURE OF SPONSOR	COUNTY WHERE SIGNED	DATE
SIGNATURE OF SPONSOR'S SPOUSE (IF LIVING WITH SPONSOR)	COUNTY WHERE SIGNED	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM		DATE

- If the alien receives AFDC the alien must sign this report. If the alien receives Food Stamps only the report must be signed by the alien, the head of household, a household member or an authorized representative.

ALIEN'S CERTIFICATION

I have reviewed this signed and completed report from my sponsor(s). I declare under penalty of perjury that it is true and correct and is complete for the entire report month to the best of my knowledge.

ALIEN'S OR DECLARANT'S SIGNATURE OR MARK	COUNTY WHERE SIGNED	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM		DATE

COUNTY USE ONLY

AFDC/Food Stamps-Evaluation of Sponsor/Sponsor's Spouse Real/Personal Property Resources	AFDC Sponsor/Sponsor's Spouse/Income Computation	Food Stamp Computation - Deemed Income
<p>A. Items: <u>VALUE</u></p> <p>B. Total \$</p> <p>C. Less - 1500.00</p> <p>D. Equals Subtotal</p> <p>E. Divide D by the number of sponsored aliens on AFDC =</p> <p>F. Divide D by the number of sponsored aliens on Food Stamps =</p> <p>The amount arrived by in E or F is to be included in the alien's property limits for Food Stamps also.</p>	<p>A. Earned Income \$</p> <p>B. Less 20% of A (Not to exceed \$175) -</p> <p>C. Equals Total =</p> <p>D. Plus Unearned Income +</p> <p>E. Equals Subtotal =</p> <p>F. Less MBSAC for sponsor and dependents (not including aliens) -</p> <p>G. Equals Subtotal =</p> <p>H. Less amounts paid by the sponsor for tax dependents living outside the household -</p> <p>I. Less child spousal support paid -</p> <p>J. Equals Subtotal =</p> <p>K. Number of sponsored aliens in AU =</p> <p>L. Divide J by K =</p> <p>Amount arrived at in L shall be deemed the unearned income of each of the sponsored aliens.</p>	<p>A. Total earned income \$</p> <p>B. Adjusted earned income (82% of A) ±</p> <p>C. Unearned income =</p> <p>D. Total gross income (B + C) ±</p> <p>E. Gross income eligibility limit -</p> <p>F. Deemed income (unless prorated) (D - E) =</p> <p>G. Deemed income (when prorated) (F ÷ number of Food Stamp aliens sponsored) =</p>

ALIEN SPONSOR'S STATEMENT OF FACTS
REGARDING INCOME AND RESOURCES
(Supplemental Application for Food Stamps and AFDC)

CA 22 (10/84)

Required Form - No Substitutes Permitted

Placement - No modification permitted.

Language - No modification permitted.

Data Elements - No modification permitted.

ALIEN SPONSOR'S MONTHLY INCOME AND RESOURCES REPORT
(For AFDC and Food Stamps)

CA 72 (10/84)

Required Form - No Substitutes Permitted

- Placement - No modification permitted except those required to accommodate a different method of addressing the form (Manual only).
- No modification permitted except (1) those related to EDP requirements; and (2) those required to accommodate a different method of addressing the form (EDP only).
- Language - No modification permitted (EDP and Manual).
- Data Elements - No modification permitted (EDP and Manual).